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APPLICANTS

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\*\* CONTINUING DATA ..... *PS*

\*\* FOREIGN APPLICATIONS ..... *B*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY BRAZIL	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE

Breast mold

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